

RELATIONSHIP DISCLOSURE FORM
For use with procurement items except
When the County is the principal or primary applicant

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the bidder, offerer, quoter or respondent or his/her agent (when accompanied by an agent authorization form on file with the County) and shall be submitted to the Purchasing Division by the bidder, offerer, quoter or respondent or his/her agent.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

APPLICANT(S) INFORMATION

Name of Applicant(s): _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

**IS THE APPLICANT OR ANY PERSON INVOLVED IN THIS PROJECT A RELATIVE
OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?
IS THE MAYOR OR ANY MEMBER OF THE BCC YOUR EMPLOYEE?
IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS
MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**

___ YES ___ NO

If you responded yes to any of the above questions, please state with whom and explain the relationship: _____

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: _____

Signature

Print Name and Title

STATE OF FLORIDA :
COUNTY OF _____ :

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida, and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____